

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	SR		5-10-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	MM	—920	06-29-01
RESPONSE FORMALITY REVIEW			

54720  
BEST AVAILABLE COPY

INDEX OF CLAIMS

= ..... Rejected      N ..... Non-elected  
 — ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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